

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

//

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Dennis
Shingleton

P.

OFFICE USE ONLY

Date Received

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ Change of Address

P.O. Box 470485
Fort Worth TX 76147

Date Hand Delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Steve

R.

Russell

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 470485
Fort Worth TX 76147

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 935-2525

8 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer
appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

02/19/03

THROUGH

3/31/03

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

05/03/03

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council District 7

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>Dennis P. Shingleton</u>		15 ACCOUNT # (Ethics Commission filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>1610. -</u>		
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,430. -</u>		
OUTSTANDING LOAN TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$		
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$		
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$		

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debbie Turman this 2nd day of April, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1 of 11

2 FILER NAME

DENNIS P. SHINGLETON

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Stephen L. Putthoff

6 Contributor address; City; State; Zip Code

5215 E/ Campo 76107

7 Amount of contribution (\$)

\$100.-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas Fairchild, Janice Knebl

Contributor address; City; State; Zip Code

2440 Winton Terrace E 76109

Amount of contribution (\$)

\$500.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Art Eisenberg

Contributor address; City; State; Zip Code

2936 Oakridge Crt. 76054

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

John Campbell

Contributor address; City; State; Zip Code

7765 Skylake Dr. 76179

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Richard Cook

Contributor address; City; State; Zip Code

8340 Crosswind Dr. 76179

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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2 of 11

2 FILER NAME

Dennis P. Shingleton

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Gary & Judy Havenner

6 Contributor address;

City; State; Zip Code

Box 121697

76121

7 Amount of
contribution (\$)

\$100.-

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Dick & Betty Bayless

Contributor address; City; State; Zip Code

8824 Sandcastle Ct 76179

Amount of
contribution (\$)

50.-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

John & Linda Sherburn

Contributor address; City; State; Zip Code

8408 Lake Harbor Ct 76179

Amount of
contribution (\$)

\$50.-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Richard Vaughn

Contributor address; City; State; Zip Code

7732 Ironstone Ct 76179

Amount of
contribution (\$)

100.-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Arch & Pat Van Meter

Contributor address; City; State; Zip Code

8905 Crosswind Dr 76179

Amount of
contribution (\$)

\$50.-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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2 FILER NAME

Dennis P. Shingleton

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Harvey & Louise Walls

6 Contributor address; City; State; Zip Code

7824 Skylake 76179

7 Amount of contribution (\$)

50.-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Neil & Gwen Kretzer

Contributor address; City; State; Zip Code

8509 Woodslane Dr. 76179

Amount of contribution (\$)

50.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Don Stanley

Contributor address; City; State; Zip Code

617 N. Bailey

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Dan & Lynette Jensen

Contributor address; City; State; Zip Code

4004 Hartwood 76179

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Marc & Robin Hahn

Contributor address; City; State; Zip Code

6704 Olympia Hills

Amount of contribution (\$)

\$250.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:

4 of 11

2 FILER NAME

Dennis P. Shingleton

3 ACCOUNT # (Ethics Commission files)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jay Sandelin

6 Contributor address; City; State; Zip Code

% Osteopathic Hospital 76107

7 Amount of contribution (\$)

* 300.-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

R. Howard Johnston

Contributor address; City; State; Zip Code

3575 Hamilton Ave 76107

Amount of contribution (\$)

* 50.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Ron & Donna Blanck

Contributor address; City; State; Zip Code

116 Crestwood 76107

Amount of contribution (\$)

* 100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Dick & Evelyn Fish

Contributor address; City; State; Zip Code

8909 Crosswind Dr. 76179

Amount of contribution (\$)

* 100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Rusty & Debbie Prichard

Contributor address; City; State; Zip Code

8108 Grand Junction Dr. 76179

Amount of contribution (\$)

* 50.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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50/11

2 FILER NAME

Dennis P. Shingleton

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Paul & Nancy Turnbull

6 Contributor address; City; State; Zip Code

8520 Lake Country Dr 76179

7 Amount of
contribution (\$)

\$50.-

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Richard Deatrick

Contributor address; City; State; Zip Code

8616 Canyon Crest

Amount of
contribution (\$)

\$100.-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Sam & Daisey Magill

Contributor address; City; State; Zip Code

7733 Trailridge Rd. 76179

Amount of
contribution (\$)

\$50.-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Edna & Les Neumann

Contributor address; City; State; Zip Code

8400 Lake Harbor Ct 76179

Amount of
contribution (\$)

\$50.-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Jacob & Stephanie Curtis

Contributor address; City; State; Zip Code

6201 Brooklyn Dr. 76179

Amount of
contribution (\$)

\$50.-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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6 of 11

2 FILER NAME

Dennis P. Shingleton

3 ACCOUNT # (Ethics Commission files)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Bill Ticha

6 Contributor address; City; State; Zip Code

7701 Trailridge 76179

7 Amount of contribution (\$)

\$50.-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Mannie & Judy Farren

Contributor address; City; State; Zip Code

8649 Canyon Crest Rd.

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Malcolm Louden

Contributor address; City; State; Zip Code

c/o Wash Ranch Trust 76107

Amount of contribution (\$)

\$1000.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Galyn & Wanda Wilkens

Contributor address; City; State; Zip Code

7709 Woodside Hill 76179

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Paz Mike Hernandez

Contributor address; City; State; Zip Code

5704 Pershing Ave 76179

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:

7411

2 FILER NAME

Dennis P. Shingleton

3 ACCOUNT # (Ethics Commission files)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Raymond T. Cox

6 Contributor address; City; State; Zip Code

6008 Greenfield Rd

7 Amount of contribution (\$)

\$50.-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Mrs. F. Howard Walsh

Contributor address; City; State; Zip Code

c/o Walsh Ranch Trust 76107

Amount of contribution (\$)

\$1000.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Bobby Q. Lanier MD

Contributor address; City; State; Zip Code

85 W. Algonquin

Amount of contribution (\$)

\$1000.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Gibson Lewis

Contributor address; City; State; Zip Code

4016 Shorefront Dr 76135

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Dowell Griffin

Contributor address; City; State; Zip Code

8421 Crosswind Dr. 76179

Amount of contribution (\$)

\$200.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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8 of 11

2 FILER NAME

Dennis P. Shingleton

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

John & Martha Fling

6 Contributor address; City; State; Zip Code

7521 Glen Eagles Way 76179

7 Amount of contribution (\$)

\$250.-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Scott & Judy Engle

Contributor address; City; State; Zip Code

8442 Golf Club Circle

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Pat & Richard Carr

Contributor address; City; State; Zip Code

8609 Crosswind Dr. 76179

Amount of contribution (\$)

\$1000.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Weldon & Mary Hayley

Contributor address; City; State; Zip Code

8304 Beltry Cr. 76179

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Marshall & Barbara Christensen

Contributor address; City; State; Zip Code

8637 Funtier Cr. 76179

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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9 of 11

2 FILER NAME

Dennis P. Shingleton

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Robert Wayne & Libby Barrick

6 Contributor address; City; State; Zip Code

8712 Canyon Crest 76179

7 Amount of contribution (\$)

\$50.-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Dwayne & Sharon Beelen

Contributor address; City; State; Zip Code

8704 Anchorage Cnt 76179

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Dick & Leslie Schiefelbein

Contributor address; City; State; Zip Code

7801 Woodharbor Dr 76179

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Charles & Erin Jacobsen

Contributor address; City; State; Zip Code

2504 Woodside Hill Cnt 76179

Amount of contribution (\$)

\$60.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Ray & Anita Cox

Contributor address; City; State; Zip Code

6008 Greenfield Rd

Amount of contribution (\$)

\$200.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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2 FILER NAME

Dennis P. Shingleton

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Gary & Debbie Baker

6 Contributor address; City; State; Zip Code

8640 Water Front 76179

7 Amount of contribution (\$)

\$1000.-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Russell & Judy Horn

Contributor address; City; State; Zip Code

6065 Arabian Ave

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Jim & Marilyn Llewellyn

Contributor address; City; State; Zip Code

7625 Westwind Dr 76179

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Al & Sheri LaQuey

Contributor address; City; State; Zip Code

8601 Greentree Cnt. 76179

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Tom Moncrief

Contributor address; City; State; Zip Code

313 Rivercrest Dr.

Amount of contribution (\$)

\$500.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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11 of 11

2 FILER NAME

Dennis P. Shingleton

3 ACCOUNT # (Ethics Commission files)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Henry Stacker

6 Contributor address; City; State; Zip Code

8840 Random Rd. 76179

7 Amount of contribution (\$)

\$50.-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

John Bailey

Contributor address; City; State; Zip Code

P.O. Box 9450 76147

Amount of contribution (\$)

\$250.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Bob Kaman

Contributor address; City; State; Zip Code

4109 Mick, Lynn 76107

Amount of contribution (\$)

\$50.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Paul Ray

Contributor address; City; State; Zip Code

1801 Eldridge St. 76107

Amount of contribution (\$)

\$100.-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.